

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE
14 APR 15 PM 4:36
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type
over the lines.

12FE4M5

Childers for Senate, Inc.

ADDRESS (number and street) PO Box 246

☐ Check if different
than previously
reported. (ACC)

Booneville

CITY

MS

STATE

38829

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00559997

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

STATE

DISTRICT

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

☐ Termination Report (TER)

5. Covering Period

03/07/2014

through

03/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marylin Jones

Signature of Treasurer

Marylin Jones

Date

4-9-14

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)